

**NYSPPFA**  
**LABOR LAW CONFERENCE**  
2017 REGISTRATION FORM  
February 27<sup>TH</sup> - March 1<sup>ST</sup> 2017

LOCAL NAME: \_\_\_\_\_

LOCAL NUMBER: \_\_\_\_\_

PARTICIPANT(S) NAME:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_ x \$250.00 = \_\_\_\_\_

*(Make Check Payable To - NYSPPFA)*

**MAIL REGISTRATION FORM ALONG WITH PAYMENT TO:**  
*(Registration fee **must** accompany this form)*

NYSPPFA  
174 WASHINGTON AVENUE  
ALBANY, NEW YORK 12210